

CA2 ALHM 800
1973P08
c.2

[Position Paper #8]

SP 515/73

Alberta Provincial Library

ALBERTA LEGISLATURE LIBRARY



3 3398 00418 7729

1973

Position Paper No. 8

Cancer Control Program

March 1973

Alberta

HOSPITAL SERVICES COMMISSION

Digitized by the Internet Archive
in 2026 with funding from
Legislative Assembly of Alberta - Alberta Legislature Library

1. WHAT IS HAPPENING IN CANCER

INCIDENCE

Cancer is the second leading cause of death, ranking behind only degenerative and vascular disease. It is second only to accidents as a cause of death in childhood and, unlike the degenerative diseases, cancer commonly involves individuals in the prime of life; one-half of cancer deaths occur in individuals under the age of 65. Approximately one in four North Americans will develop a malignant disease at some time, and of that group, about 65% will die of their disease.

The incidence of cancer is rising; the population of Alberta increased by 41% in the past fifteen years, while cancer has demonstrated a 126% rise in incidence.

In Alberta, in 1971, 5,157 newly diagnosed cases of malignant diseases were registered and 2,108 Albertans are known to have died of cancer. 18,372 patients with cancer visited the clinics.

ECONOMIC ASPECTS

Because many people develop cancer during their income earning years, and as the course of the disease is measured in months or years, considerable economic hardship is created. Figures indicating the magnitude of this aspect of the cancer problem are not available for Canada. In the U.S., the President's Commission has estimated that the economic loss may be as high as 15 billion dollars per year; 3 to 5 billion representing direct care and treatment costs, with the balance resulting from loss of earning power and productivity.

PUBLIC REACTION

Because cancer is a common disease, the loss which may result to the family, to the community and to the Province as a whole is well known to the public. Most families have had the experience of caring for a member with cancer or have friends who have faced this problem. This experience, compounded by the historically negative attitude of the public and the medical profession towards cancer, creates an awareness and fear of this disease beyond other diseases. A number of surveys in the western countries indicate that although it is the second leading cause of death, cancer is regarded as the major disease problem by the public at large.

STATE OF CURRENT RESOURCES

A major breakthrough in the treatment of cancer has not occurred and most experts believe improved control will come gradually rather than by dramatic discovery. There are hundreds of types of cancer and the response to therapy varies considerably; it is unlikely that any "medical magic" will be discovered which will control all types of the disease.

However, the cure rate for cancer has gradually improved in North America, from 20% in 1930 to 35% overall in 1970. It is estimated that one-half of all cancer patients could be cured if optimal therapy was available to all.

Aside from progress towards cure of malignant disease, the quality of life has greatly improved for many patients with advanced disease whose tumors can be controlled for months or years with judicious use of palliative surgery, radiotherapy and drug therapy.

A coordinated attack by surgeons, radiation therapists and internists trained in drug therapy is often essential, as the skills necessary to manage a patient with cancer often transcend traditional medical divisions. The complexity of treatment is matched by the sophistication of the technical resources needed for treatment. Linear

Digitized by the Internet Archive
in 2026 with funding from
University of Alberta Library

STATE OF CURRENT RESOURCES (CONTINUED)

Accelerators and Cobalt units are costly, and the maintenance and proper utilization of this equipment requires a staff of trained, experienced radiotherapists, physicists, and technicians.

2. DEVELOPMENT OF ALBERTA CANCER SERVICES

Because of public concern, and the economic hardship created by cancer, a number of governments have implemented programs to combat this disease. In Canada, emphasis has been placed on patient service, although the Federal Government provides some money for research and certain Provincial governments have directly supported the investigative aims of their provincial cancer foundations.

In Alberta, the cancer clinics created in 1941 provided economic relief for patients and their families by paying part, or all, of their medical expenses, provided centralized radiation therapy and statistics services, and provided a variety of services for the early diagnosis and follow-up of cancer patients. An official liaison was not developed with the University of Alberta, and organized programs in prevention, rehabilitation, advanced care, and cancer research did not exist.

For 28 years, Cancer Services were a division of the Department of Health. In 1968, cancer was made the responsibility of the Provincial Cancer Hospitals Board. The Dr. W.W. Cross Cancer Institute was constructed to house the administrative headquarters of the Board and to serve as a nucleus for the Board's activities in northern Alberta.

At the time that the Alberta program was established, treatments available for cancer were restricted to radical surgery and medium energy radiation therapy. The development of super-voltage therapy (Cobalt 60, Linear Accelerator), cancer chemotherapy, and new surgical techniques have radically changed the requirements for optimal cancer treatment.

2. DEVELOPMENT OF ALBERTA CANCER SERVICES (CONTINUED)

The government recognizes that the sophistication of current therapy, together with changes in the pattern of health care, must result in new approaches to the problem of cancer control. With the availability of publicly financed hospitalization and professional care benefits for all illnesses, the cancer programs in this province cannot be allowed to stand apart as an isolated and independent function.

3. A COORDINATED CANCER PROGRAM

The Government recognizes cancer as a major health problem which is increasing in incidence and for which it is unlikely that a universal cure will be developed in the next two decades. The magnitude of the problem and the complexity of solutions available require a coordinated approach by various groups concerned with the care of cancer patients.

The Government of Alberta has developed the following Cancer Program which has been recommended by the Alberta Hospital Services Commission and the Provincial Cancer Hospitals Board.

(1) Research

The need for increased emphasis on research and education as essential components of a cancer service is recognized. Plans for research are based on the following concepts:

- (a) Research efforts will be concentrated in areas of known strength.
- (b) The research efforts will be coordinated with the activities of the Provincial Universities where research capabilities exist. First-rate research cannot be carried out in isolation from these institutions.

(1) Research (continued)

(c) Research conducted in Provincial Cancer Hospitals Board Units will either have immediate clinical relevance or logically lead to improvement in the service program in the immediate future.

(d) During this past year the government has provided additional funds for research equipment and approved additional staff for research purposes. This support will continue.

(2) Education

The government endorses the philosophy which links the educational role of the cancer program with its patient service role. It is, therefore, essential that the Provincial Cancer Hospitals Board develop a close working relationship with the provincial health sciences faculties in order to fulfill the essential educational task.

Introduction of an approved residency training program for radiation therapy has been approved. The difficulty of recruiting radiation therapists and the need for a strongly supported provincial training program is recognized.

(3) Professional Group Involvement

Increased participation will be encouraged with other groups concerned with cancer; notably, the Alberta Medical Association, the provincial Faculties

(3) Professional Group Involvement (continued)

of Medicine, and the Canadian Cancer Society (Alberta Division). Improved communication with individual members of the health profession through a revised records policy, continuing medical education programs and peripheral clinics will be undertaken.

(4) Calgary Cancer Clinic

Temporary space for the Calgary Cancer Clinic will be provided when renovations to the 1928 Wing of the Holy Cross Hospital are completed. This project has been authorized by the government and went to tender in January, 1973. The government hopes to find a permanent home for an Oncology Unit in Calgary.

(5) Out-Patient Services

There will be increased emphasis on out-patient services. In-patient care is essential for cancer patients undergoing surgical procedures and for those who have developed life threatening complications such as hemorrhage or infection. Virtually all other patients can be satisfactorily treated at home, or in hostels, if adequate support is available. To this end, the planning for a Calgary facility will contain a "Day Hospital" of 12 to 16 beds in an open ward arrangement with moveable partitions. Patients requiring intermediate levels of therapy and minor procedures can spend their day in the Day Hospital and return to their home at night. A similar program will be developed for Edmonton.

(6) Home Care

For the Day Hospital to function at full efficiency, a "Home Care" program should also exist so that families may be able to withstand the stress of caring for a

(6) Home Care (continued)

patient at home, providing they have access to homemakers' help and regular visits from trained professionals. At the present time, a patient would very likely be treated in hospital for a prolonged period of time prior to transfer to an extended care facility - an approach which is economically unsound and psychologically damaging to the patient.

Consideration is now being given to the development of a coordinated Home Care pilot project, working in conjunction with other health care facilities and social service elements.

(7) Multi-Disciplinary Clinics

The reorganization of the Out-Patient Department of the Dr. W.W. Cross Cancer Institute along interdisciplinary lines was begun on September 1, 1972. It is generally recognized that many of the complex problems presented by cancer patients can best be attacked if the expertise of a number of medical specialties can be focused on the problems, and if excellent communication exists between the consultants who should be involved.

A coordinated consultative service will encourage a changing design for out-patient clinics so that general practitioners and physicians from a variety of specialties may work together in a multi-disciplinary clinic devoted to a type of cancer. The concepts expressed and the physical design proposed are appropriate for the projected new Calgary Clinic. Inter-disciplinary clinics will commence operation when this facility is available.

(8) Statistical Update And Utilization

The Department of Statistics, located in the Cross Institute with regional offices in Calgary and Lethbridge, has had the primary function of collecting and reporting the incidence of cancer on a monthly and yearly basis. Full utilization of this information for clinical research, development of new programs, or for auditing performance has not been achieved.

The government intends to expand the role of the Department and develop it as a Cancer Data Centre to coordinate activities with both the Health Care Insurance Commission and the Hospital Services Commission and to cooperate with researchers involved in studies at the provincial, national and international levels.

(9) Nuclear Medicine

Nuclear medicine is emerging as a separate specialty of medicine. In the Dr. W. W. Cross Cancer Institute, an adequate unit provides nuclear medicine services for three other hospitals in Edmonton.

There will be an increased emphasis on nuclear medicine as a cancer diagnostic aid. The Nuclear Medicine Unit at the Cross Institute is well equipped. Proposed plans for nuclear medicine will require a certain amount of added equipment, depending on the development of other nuclear medicine centres in Calgary and Edmonton hospitals.

(10) Reorganization Of Medical Services

The rules and regulations governing the operation of the provincial cancer services were written in 1955. Since that time, changes in patterns of medical practice and the distribution of medical services have developed while the introduction of a "medicare" scheme has had a profound influence on the operations of the cancer service. In consideration of these factors, it is necessary to update the procedures for providing citizens of Alberta with a program of early diagnosis, research and treatment of cancer.

Proposals have been developed in co-operation with the medical profession and represent a plan for uniting and coordinating the actions of the public and private sectors. In developing this proposal, the following principles were a guide:

- A provincial cancer program must ensure that all of the citizens of the province have equal opportunity to receive the best in cancer care and have equal access to new advances in therapy as they become available.
- The care and follow-up of patients must be streamlined with elimination of unnecessary consultations and procedures and consequent improvement in patient comfort, expedition of patient care, and financial saving. Cancer patients will no longer need to attend the clinic in every case for examination and registration nor for follow-up purposes.
- Physicians are to be allowed to administer good care to cancer patients with minimal third party interference.

(10) Reorganization Of Medical Services (continued)

- There will be a planned introduction of improved rehabilitation programs. It is recognized that rehabilitation is an integral part of the overall care for the cancer patient.

The reorganization will make it possible to have payments for medical services for cancer patients made through the Health Care Insurance Commission and based on the A.H.C.I.C. Schedule of Benefits.

As part of a prevention program a registry of six pre and para malignant conditions will be established. This follow-up system will ensure that persons at high risk of eventually developing an invasive malignancy will be carefully watched so that any developing malignant disease will be treated at its early stages. The information contained in this registry will be available to attending physicians.

The Provincial Cancer Hospitals Board will establish a follow-up program for patients which may be undertaken through the clinics of the Board, or through the offices of private, attending physicians. The Cancer Data Centre will be designed to allow ready access by individual practitioners within the province and organized to provide specific data on their cancer patients if they so wish.

It is also proposed that a consultative service will be established, and that in conjunction with the Alberta Medical Association, Committee on Cancer, current cancer treatment will be assessed and studied

- (10) Reorganization Of Medical Services (continued)
(medical audit program) and this information communicated to individual physicians as a continuing education process. A Cancer Liaison Committee to provide liaison between the Alberta Medical Association and the Provincial Cancer Hospitals Board will be created.

The details of this proposal have been approved by the Board of Directors, Alberta Medical Association; considered and endorsed at the 1972 Annual Meeting of the A.M.A.; and enjoy a wide consensus of approval amongst the medical profession.

The government believes this reorganization of medical services represents an innovative approach to ensuring the provision of expert care for cancer patients. Implementation of the program is planned for 1973.

